

**ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

April 22, 2021

3:12 p.m.

DRAFT

MEMBERS PRESENT

Representative Liz Snyder, Co-Chair
Representative Tiffany Zulkosky, Co-Chair
Representative Ivy Spohnholz
Representative Zack Fields
Representative Ken McCarty
Representative Christopher Kurka

MEMBERS ABSENT

Representative Mike Prax

COMMITTEE CALENDAR

HOUSE BILL NO. 133

"An Act relating to the Alaska savings program for eligible individuals; relating to education savings programs; relating to the Education Trust of Alaska; relating to the Alaska advance college tuition savings fund; relating to the Alaska education savings program for children; and relating to the Governor's Council on Disabilities and Special Education."

- MOVED HB 133 OUT OF COMMITTEE

HOUSE BILL NO. 145

"An Act relating to the Board of Pharmacy; relating to health care services provided by pharmacists and pharmacy technicians; and relating to the practice of pharmacy."

- MOVED CSHB 145 (HSS) OUT OF COMMITTEE

HOUSE BILL NO. 106

"An Act relating to missing persons under 21 years of age."

- HEARD & HELD

HOUSE BILL NO. 184

"An Act requiring state participation in a tribal child welfare compact."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 133

SHORT TITLE: AK ED SAVINGS PROGRAMS/ELIGIBILITY

SPONSOR(s): LABOR & COMMERCE

03/10/21	(H)	READ THE FIRST TIME - REFERRALS
03/10/21	(H)	L&C, FIN
03/17/21	(H)	L&C AT 5:45 PM BARNES 124
03/17/21	(H)	<Bill Hearing Canceled>
03/19/21	(H)	L&C AT 3:15 PM BARNES 124
03/19/21	(H)	Heard & Held
03/19/21	(H)	MINUTE(L&C)
03/24/21	(H)	L&C AT 3:15 PM DAVIS 106
03/24/21	(H)	Moved CSHB 133(L&C) Out of Committee
03/24/21	(H)	MINUTE(L&C)
03/24/21	(H)	L&C AT 5:45 PM DAVIS 106
03/24/21	(H)	-- MEETING CANCELED --
03/25/21	(H)	L&C RPT CS(L&C) 6DP 1NR
03/25/21	(H)	DP: SNYDER, SCHRAGE, MCCARTY, NELSON, SPOHNHOLZ, FIELDS
03/25/21	(H)	NR: KAUFMAN
04/07/21	(H)	HSS REPLACES FIN REFERRAL
04/07/21	(H)	BILL REPRINTED
04/20/21	(H)	HSS AT 3:00 PM DAVIS 106
04/20/21	(H)	Heard & Held
04/20/21	(H)	MINUTE(HSS)
04/22/21	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 145

SHORT TITLE: EXPAND PHARMACIST AUTHORITY

SPONSOR(s): SNYDER

03/24/21	(H)	READ THE FIRST TIME - REFERRALS
03/24/21	(H)	L&C, HSS
04/12/21	(H)	L&C AT 3:15 PM BARNES 124
04/12/21	(H)	Heard & Held
04/12/21	(H)	MINUTE(L&C)
04/16/21	(H)	L&C AT 8:00 AM GRUENBERG 120
04/16/21	(H)	Moved HB 145 Out of Committee
04/16/21	(H)	MINUTE(L&C)
04/19/21	(H)	L&C RPT 6DP 1NR
04/19/21	(H)	DP: SCHRAGE, MCCARTY, SNYDER, NELSON, FIELDS, SPOHNHOLZ

04/19/21	(H)	NR: KAUFMAN
04/20/21	(H)	HSS AT 3:00 PM DAVIS 106
04/20/21	(H)	Heard & Held
04/20/21	(H)	MINUTE(HSS)
04/22/21	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 106

SHORT TITLE: MISSING PERSONS UNDER 21 YEARS OLD

SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

02/19/21	(H)	READ THE FIRST TIME - REFERRALS
02/19/21	(H)	STA, HSS
03/11/21	(H)	STA AT 3:00 PM GRUENBERG 120
03/11/21	(H)	Scheduled but Not Heard
03/16/21	(H)	STA AT 3:00 PM GRUENBERG 120
03/16/21	(H)	Heard & Held
03/16/21	(H)	MINUTE(STA)
03/25/21	(H)	STA AT 3:00 PM GRUENBERG 120
03/25/21	(H)	-- MEETING CANCELED --
04/01/21	(H)	STA AT 3:00 PM GRUENBERG 120
04/01/21	(H)	Heard & Held
04/01/21	(H)	MINUTE(STA)
04/08/21	(H)	STA AT 3:00 PM GRUENBERG 120
04/08/21	(H)	Moved HB 106 Out of Committee
04/08/21	(H)	MINUTE(STA)
04/09/21	(H)	STA RPT 5DP 2NR
04/09/21	(H)	DP: CLAMAN, STORY, VANCE, TARR, KREISS-TOMKINS
04/09/21	(H)	NR: EASTMAN, KAUFMAN
04/22/21	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 184

SHORT TITLE: REQUIRE TRIBAL CHILD WELFARE COMPACT

SPONSOR(s): ZULKOSKY

04/21/21	(H)	READ THE FIRST TIME - REFERRALS
04/21/21	(H)	HSS, FIN
04/22/21	(H)	HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

STUART SPIELMAN, Senior Vice President for Advocacy
Autism Speaks
Washington, DC

POSITION STATEMENT: Testified in support of HB 133.

PAMELA LEARY

Treasury Division
Department of Revenue (DOR)
Juneau, Alaska

POSITION STATEMENT: During the hearing of HB 133, answered questions.

TOM WADSWORTH, PharmD, Administrative Director
University of Alaska/Idaho State University Doctor of Pharmacy Program
Wasilla, Alaska

POSITION STATEMENT: During the hearing of HB 145, answered questions.

JUSTIN RUFFRIDGE, PharmD
State Board of Pharmacy
Soldotna, Alaska

POSITION STATEMENT: During the hearing of HB 145, answered questions.

KATHRYN MONFREDA, Director
Division of Statewide Services
Department of Public Safety

POSITION STATEMENT: Presented HB 106, sponsored by House Rules by request of the governor, via a PowerPoint presentation, entitled, "House Bill 106 Missing Persons Under 21 Years Old."

PAUL FUSSEY, Lieutenant
Alaska State Troopers
Department of Public Safety

POSITION STATEMENT: During the hearing of HB 106, answered questions.

NICOLE BORROMEO, General Counsel and Executive Vice President
Alaska Federation of Natives
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 184.

MELANIE BAHNKE, President
Kawerak Organization
Nome, Alaska

POSITION STATEMENT: Testified in support of HB 184.

VIVIAN KORTHUIS, Chief Executive Officer
Association of Village Council Presidents
Bethel, Alaska

POSITION STATEMENT: Testified in support of HB 184.

ELIZABETH HENSLEY, General Counsel
Maniilaq Association
Anchorage, Alaska

POSITION STATEMENT: During the hearing of HB 184, answered questions.

ACTION NARRATIVE

[3:12:34 PM](#)

CO-CHAIR TIFFANY ZULKOSKY called the House Health and Social Services Standing Committee meeting to order at 3:12 p.m. Representatives Fields, McCarty, Kurka, Zulkosky, and Snyder were present at the call to order. Representative Spohnholz arrived as the meeting was in progress.

HB 133-AK ED SAVINGS PROGRAMS/ELIGIBILITY

[3:13:54 PM](#)

CO-CHAIR ZULKOSKY announced that the first order of business would be HOUSE BILL NO. 133, "An Act relating to the Alaska savings program for eligible individuals; relating to education savings programs; relating to the Education Trust of Alaska; relating to the Alaska advance college tuition savings fund; relating to the Alaska education savings program for children; and relating to the Governor's Council on Disabilities and Special Education."

REPRESENTATIVE FIELDS, as prime sponsor, offered to answer questions on HB 133.

[3:14:44 PM](#)

STUART SPIELMAN, Senior Vice President for Advocacy, Autism Speaks, testified in support of HB 133. He explained that Autism Speaks is dedicated to promoting solutions across the spectrum and throughout the lifespan for the needs of individuals with autism spectrum disorder (ASD) and their families. He highlighted that one of the needs of the community is to provide for the expenses that are incurred as a result of disability. He noted that Autism Speaks has supported the Achieving a Better Life Experience (ABLE) Act and legislation surrounding the ABLE Act, including the proposed legislation [HB 133]. He explained that individuals with autism often incur extra expenses, and the ABLE Act allows for family members to plan and provide for those expenses. He added that the ABLE Act

became law in 2014 and the first programs were established in 2017. He relayed that he has data that shows that, at the end of 2020, there were 82,019 accounts with \$643 million in assets invested. He compared this to 2017 when there were no accounts. He concluded that Autism Speaks supports HB 133 because it would conform Alaska law to the changes in federal law.

3:17:08 PM

MR. SPIELMAN in response to Representative McCarty, noted that the accounts and assets data was sourced from "ISS Market Intelligence." In response to a follow-up question, he clarified that the data relates to ABLE programs nationwide.

REPRESENTATIVE MCCARTY asked Mr. Spielman whether he has the numbers for Alaska.

MR. SPIELMAN responded that he does not.

3:18:26 PM

PAMELA LEARY, Treasury Division, Department of Revenue (DOR), responded to Representative McCarty's question, stating that there are currently over 620 ABLE Accounts in Alaska which total \$5 million in assets.

3:19:06 PM

REPRESENTATIVE KURKA noted that it had been mentioned in a previous hearing that a benefit of the proposed legislation is that it would support individuals who require federal assistance in becoming independent. He asked Representative Fields to describe how the process would work and how it would facilitate independence.

REPRESENTATIVE FIELDS responded with the example of his dad who was a social worker, and some of his dad's clients would need a lot of help, and some did not. He shared that some of his dad's clients had jobs but didn't necessarily make enough money to live independently. He explained that an ABLE account would allow an individual able to live independently right now to save up and invest in avenues such as education so that this individual could become more independent in the future. It would also ensure that, while working and saving up for education, an individual wouldn't lose the critical support necessary to get by. He agreed that a cap on provided public assistance is necessary but opined that the caps are currently

so low that individuals can be disincentivized to save for things like education.

REPRESENTATIVE KURKA offered his understanding that these programs seem to be an "on or off switch," not a graduated "weaning off." He said that it seemed to him like a disincentive to being independent and to working within one's capacity. He applauded the concept of allowing individuals to find personal freedom and provide for themselves.

[3:22:29 PM](#)

REPRESENTATIVE SPOHNHOLZ commented that many benefits being discussed are related to financial subsidies, but many others are related to home and community-based waivers services that are designed to pay for people who do the kind of work like Representative Fields' dad did, or like she herself did early on in her career. She shared that part of her work involved going into the homes of people with disabilities who lived independently in the community, most of whom had jobs, but due to cognitive disabilities, these individuals were not able to earn enough money to live financially independently and needed people to help them do things like balance their checkbooks and go grocery shopping. She shared that if these individuals' income got too high, these services would no longer be available to them, and these individuals would have to go live in an assisted living facility or something similar. A facility like this, she noted, costs the state much more money and allows for less autonomy and dignity for the individuals.

[3:24:31 PM](#)

REPRESENTATIVE MCCARTY referred to page 2, section 6, lines 30-31 of HB 133, which read:

(1) "department" means the Department of Health and Social 31 Services [REVENUE];

REPRESENTATIVE MCCARTY asked Representative Fields the reason for removing revenue if the bill deals with the management of money.

REPRESENTATIVE FIELDS responded that he understands Representative McCarty to be referring to a draft of the bill that was originally considered in a House Labor and Commerce Standing Committee, but that committee passed a committee substitute [CSHB 133 (L&C)] to change it back to the

responsibility of the Department of Revenue (DOR). He explained that individuals had different perspectives on the most logical department to house the proposed legislation, and the committee decided to leave it in DOR.

REPRESENTATIVE MCCARTY asked which draft is being considered.

REPRESENTATIVE ZULKOSKY offered clarification that the version before members should be [CSHB 133 (L&C)].

REPRESENTATIVE FIELDS added that that was the one substantive change that was made to the previous version of the bill introduced during the Thirty-First Alaska State Legislature.

[3:26:35 PM](#)

CO-CHAIR SNYDER moved to report CSHB 133 (L&C) out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 133(L&C) was reported from the House Health and Social Services Standing Committee.

[3:27:03 PM](#)

The committee took an at-ease from 3:27 p.m. to 3:30 p.m.

HB 145-EXPAND PHARMACIST AUTHORITY

[3:30:15 PM](#)

CO-CHAIR ZULKOSKY announced that the next order of business would be HOUSE BILL NO. 145, "An Act relating to the Board of Pharmacy; relating to health care services provided by pharmacists and pharmacy technicians; and relating to the practice of pharmacy."

[3:30:56 PM](#)

REPRESENTATIVE SPOHNHOLZ moved to adopt Amendment 1 to HB 145, labeled 32-LS0720\A.1, Fisher, 4/19/21, which read as follows:

Page 5, following line 18:

Insert a new bill section to read:

"* **Sec. 12.** AS 21.42 is amended by adding a new section to read:

Sec. 21.42.440. Coverage for costs of services provided by pharmacists. A policy, contract, or prepaid plan for individual or group health insurance

issued or delivered in the state that provides coverage for services within the scope of practice of a pharmacist licensed under AS 08.80 must provide for coverage of and reimbursement for the services if performed by a pharmacist for a person covered under the policy, contract, or plan."

[3:30:58 PM](#)

CO-CHAIR ZULKOSKY objected for discussion purposes.

[3:31:01 PM](#)

REPRESENTATIVE SPOHNHOLZ explained that the purpose of Amendment 1 would be to require insurance to cover services that pharmacists are trained to provide, but for which pharmacists are not currently able to receive reimbursement. She said that this would help provide health care in the community.

[3:31:40 PM](#)

CO-CHAIR SNYDER commented that the amendment would add language to the bill that would further ensure that pharmacists could be reimbursed for the services provided.

[3:32:10 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Amendment 1 was adopted.

[3:32:22 PM](#)

REPRESENTATIVE MCCARTY moved to adopt Amendment 2 to HB 145, labeled 32-LS0720\A.2, Fisher, 4/19/21, which read:

Page 4, following line 12:

Insert a new subsection to read:

"(c) This section does not authorize a pharmacist to prescribe a prescription drug that the pharmacist is not otherwise authorized to prescribe."

Reletter the following subsection accordingly.

[3:32:27 PM](#)

CO-CHAIR ZULKOSKY objected for discussion purposes.

3:32:31 PM

REPRESENTATIVE MCCARTY explained that Amendment 2 would insert a new section that would recognize the authorization of a pharmacist under the guidelines of the scope of practice for pharmacy. It would ensure that pharmacists would not be able to prescribe beyond the scope of practice, he added.

3:33:06 PM

REPRESENTATIVE KURKA shared his understanding that, when a doctor prescribes a new medication, the doctor looks at all the other medications the patient might be taking to ensure that the medications will not react poorly with each other. He asked whether prescribing pharmacists would have access to the same information to ensure that there would be no negative reactions with a patient's other medications.

CO-CHAIR SNYDER responded that Amendment 2 aims to further narrow the scope of pharmacists, which may address Representative Kurka's concern, and deferred the question to invited testifiers.

3:34:31 PM

TOM WADSWORTH, PharmD, Administrative Director, University of Alaska/Idaho State University Doctor of Pharmacy Program, responded absolutely, and explained that pharmacists have a patient care process that is similar to all patient care processes. He said that it includes collaboration with documentation, which includes collecting Electronic Medical Records (EMR), paper records, referrals, laboratory studies, past medical histories, and histories of the chief complaint of the patient. He explained that pharmacists have access to all this information, and if for some reason that information is missing, pharmacists either order or ask for the information. He opined that it would be unprofessional for a pharmacist to proceed without proper access to that information.

MR. WADSWORTH referenced Section 8 of HB 145, which discusses the collaborative authority of pharmacists, and said that the collaborative practice agreements that pharmacists already have with physicians involve drawing up specific protocols and procedures in the patient care process that the pharmacist and the collaborating provider will adhere to. He explained that those protocols and procedures are reviewed by the Board of Pharmacy and the Board of Medicine in Alaska before they can be

implemented. He said that these precautions prevent pharmacists from going outside of their area of expertise or scope of practice.

[3:38:32 PM](#)

JUSTIN RUFFRIDGE, PharmD, State Board of Pharmacy, added that the information flow between pharmacists and providers goes both directions. Pharmacists, he said, access medical histories of patients to ascertain if there may be any medication conflicts or other potential issues. He explained that many pharmacies keep and use those records if a patient transfers to a different prescriber or goes into the hospital. Pharmacists are involved in reviewing patient charts with the intake nurse if a patient were to enter a hospital or intake facility, he said.

[3:40:04 PM](#)

The committee took an at-ease from 3:40 p.m. to 3:41 p.m.

[3:41:38 PM](#)

CO-CHAIR ZULKOSKY removed her objection. There being no further objection, Amendment 2 was adopted.

[3:41:56 PM](#)

CO-CHAIR SNYDER said she sees the need for legislation that would ensure that the Board of Pharmacy can oversee pharmacists, and that pharmacists can be reimbursed for the services provided. She also emphasized the need for clarity to ensure that pharmacists' scope of practice is not being expanded by the proposed legislation. She said she would offer a conceptual amendment to accomplish this.

[3:43:58 PM](#)

CO-CHAIR SNYDER moved to adopt Conceptual Amendment 3 to HB 144, as follows [original punctuation provided]:

Page 4, Line 1:

Delete **"for a disease or condition with an existing diagnosis and for a condition that does not require a new diagnosis."**

Page 4, Line 5:

Delete **"and"**

Insert "or"

Page 4, Line 6:

Delete "**optimization of medication therapy for**"

REPRESENTATIVE FIELDS objected for discussion purposes.

CO-CHAIR SNYDER explained her conceptual amendment would further clarify that the bill would not interfere with the collaborative practice authority (CPA) regulation and would remove language so as not to imply an expansion of pharmacists' prescribing authority.

[3:45:30 PM](#)

MR. WADSWORTH expressed his support for Conceptual Amendment 3. He explained that, in working with the Alaska State Medical Association, he realized the language that was chosen in the bill sought to modify the CPA regulation that's been in place since 2002. He said that the intent is not to modify or change that process as it already works well in its current state. He shared his understanding that other language in the bill seemed to broaden independent prescriptive authority for pharmacists, and Conceptual Amendment 3 would clarify the intent of the bill and ensure that prescriptive authority would not be broadened.

[3:47:02 PM](#)

REPRESENTATIVE MCCARTY asked whether there would be a need for a period after "services" in Section 8 of HB 145, on page 4, line 1, ["provide patient care services"], given that Conceptual Amendment 3 proposes the deletion language on page 4, line 1, [text provided previously].

CO-CHAIR ZULKOSKY responded that when a motion comes before the committee, there will likely be a recommendation to make technical and conforming changes as needed. She said those changes would be made by Legislative Legal Services.

CO-CHAIR SNYDER commented that she would request that Legislative Legal Services add a period as it is needed.

[3:47:59 PM](#)

REPRESENTATIVE KURKA asked for clarification of the changes being made by the amendment, and whether it would widen the scope of pharmacists.

CO-CHAIR SNYDER responded that the first part of Conceptual Amendment 3, which proposes the deletion of language on page 4, line 1, would make HB 145 consistent with the CPA. She explained that it is not about widening or narrowing the scope of pharmacists, but simply making it consistent with existing CPA regulations. She added that the second component of the conceptual amendment would further clarify that the scope of services that pharmacists can provide is not being broadened.

[3:49:43 PM](#)

REPRESENTATIVE FIELDS removed his objection. There being no further objection, Conceptual Amendment 3 was adopted.

[3:49:55 PM](#)

REPRESENTATIVE KURKA shared his understanding that the bill's main purpose is to expand the ability of pharmacists to help consult patients and administer tests, particularly COVID-19 tests. He asked to what extent the scope of pharmacists would be increased or not increased should HB 145 pass.

CO-CHAIR SNYDER answered that the intent is to provide clarification on the range of practices that pharmacists are already engaged in to ensure that "out of date" statutes reflect the current state of practice. She mentioned testing, vaccination, and administration of Naloxone as additional details that needed to be captured. She explained that the final intent of the bill is that pharmacists have already been providing this type of care for an extended period of time, but pharmacists were not able to be reimbursed by insurance due to a lack of language [in statute].

[3:52:12 PM](#)

MR. RUFFRIDGE added that the Board of Pharmacy is attempting to regulate the areas in which pharmacists are engaged, ensure that pharmacists are seen as practicing within their scope, and pharmacists are able to be reimbursed for their practices. He emphasized that pharmacists both dispense medications and act as a "middle manager" in health care. He said that pharmacists rarely find themselves in entities such as hospitals where insurances can be billed for the services that pharmacists provide. He said the conceptual amendment wouldn't change the ways in which pharmacists dispense medications but would remove limitations to ensure that pharmacists are able to perform fully

as a "manager of care in the middle." He offered clarification that pharmacists are providers of services, not just dispensers, and said that the proposed legislation with the conceptual amendment would allow for that.

[3:54:42 PM](#)

REPRESENTATIVE MCCARTY requested clarification on the potential for pharmacists to offer treatment through the dispensing of Buprenorphine.

MR. RUFFRIDGE responded that work needs to be done nationwide on this issue. He noted that there are other requirements to be a part of a medication-assisted treatment (MAT) program, one of which is a federal change that would have to happen. He said that pharmacists are already engaged in this in primary care settings. As far as a wider offering [of the medication] that Representative McCarty is suggesting, HB 145 is a step in that direction, he said. He explained that the bill would well-position the state to be available to implement those additional types of therapies should the federal changes be made.

REPRESENTATIVE MCCARTY commented that he hopes the state stays within the guidelines of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the MAT program.

[3:57:51 PM](#)

REPRESENTATIVE FIELDS moved to report HB 145, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 145(HSS) was reported from the House Health and Social Services Standing Committee.

HB 106-MISSING PERSONS UNDER 21 YEARS OLD

[4:01:11 PM](#)

CO-CHAIR ZULKOSKY announced that the next order of business would be HOUSE BILL NO. 106, "An Act relating to missing persons under 21 years of age."

[4:01:26 PM](#)

KATHRYN MONFREDA, Director, Division of Statewide Services, Department of Public Safety, presented HB 106, sponsored by House Rules by request of the governor, via a PowerPoint

presentation, entitled, "House Bill 106 Missing Persons Under 21 Years Old." She explained that the bill would bring state law into compliance with federal law as it relates to missing persons aged 18 through 21. She began on page 2, "Federal Reporting Requirements," which read as follows [original punctuation provided]:

- Suzanne's Law: P. LAW 108-21, Title II, Section 204
- Requires law enforcement to enter records for missing persons under the age of 21 into the National Crime Information Center (NCIC) database (2003)
- Adam Walsh Act: P. LAW 109-248 Section 154
- Requires law enforcement to enter records for missing persons under the age of 21 into the NCIC database within two hours of being reported missing (2006)

MS. MONFREDA continued to slide 3, "Current Statutory Language," which read as follows [original punctuation provided]:

- AS 18.65.620 requires reporting missing minors to the state's Missing Persons Clearinghouse if not located within 48-hours after first reported missing
 - AS 47.10.141 requires reporting missing minors into state and national databases no later than 24- hours after completing the missing person report
 - AS 47.10.390 defines 'runaway minor' as a person under 18 years of age

MS. MONFREDA advanced to slide 4, "Summary of Statutory Changes," which read as follows [original punctuation provided]:

- Changes required for AS 47.10.141 and AS 18.65.620 to comply with the two federal laws regarding
- Entry into state and national databases for missing persons under age 21 instead of the state requirement of age 18
- Entry of the records into state and national databases within 2-hours instead of the state requirement of 24-hours

[4:04:53 PM](#)

MS. MONFREDA proceeded to slide 5, "Current Procedures," which read as follows [original punctuation provided]:

- Statewide training for law enforcement is already in place regarding the more restrictive federal requirements
- Most state and local law enforcement agencies are already complying with the more restrictive federal requirements
- Programming for the state database, Alaska Public Safety Information Network (APSIN), has already been completed to allow law enforcement to enter reports to comply with the more restrictive federal requirements

MS. MONFREDA addressed slide 6, "Benefits," which read as follows [original punctuation provided]:

- Remove conflicting, less restrictive state statutory requirements
- Faster state and nationwide notification of missing person records for those under age 21
- The National Center for Missing and Exploited Children monitors national databases and proactively offers assistance
- Improved response for the vulnerable, college-age population of missing persons

MS. MONFREDA spoke to slide 7, "Sectional Analysis," which read as follows [original punctuation provided]:

- Section 1: Includes conforming language related to the duty of law enforcement agencies to reflect changes made in section 2.
- Section 2: Adds a new subsection to AS 18.65.620, requiring law enforcement agencies to transmit a missing person's report for a person under the age of 21 to the Alaska Public Safety Information Network and the National Crime Information Center as soon as practicable, but not later than two hours after completing the report. If the person is later found, the agency shall remove that information from those databases as soon as practicable, but not later than 24 hours after learning the person has been located.
- Section 3: Contains conforming language to AS 47.10.141, runaway and missing children, to the changes made in section 2. All reporting procedures for persons under the age of 21 are moved to AS 18.65, as amended in section 2 of the bill.

[4:07:07 PM](#)

REPRESENTATIVE KURKA asked about the current process of establishing that someone is a missing person, including how persons of different ages are treated, and how long it would take to consider a person to be missing.

MS. MONFREDA deferred the question to invited testifier Paul Fussey.

4:07:59 PM

PAUL FUSSEY, Lieutenant, Alaska State Troopers (AST), Department of Public Safety, responded to Representative Kurka's question. He explained that if someone reports a missing person, there is no time limit or time frame the reporter must abide by; a person can be considered missing after any period of time.

REPRESENTATIVE KURKA asked at what point the officer taking the information would take action and begin searching for a missing person.

MR. FUSSEY replied that the officer would take action as soon as the officer takes the report. The officer would immediately start looking into the location of the missing person.

REPRESENTATIVE KURKA asked whether the process would be any different if the missing person were a minor or an adult.

MR. FUSSEY responded that age is not a differentiating factor.

4:09:25 PM

REPRESENTATIVE SPOHNHOLZ asked about the proposed removal of reference to AS 47.10.141, which she said refers to runaways and missing minors. She asked him for a description of the thought process behind that decision.

MS. MONFREDA responded that it would be removed from AS 47.10 because it would be covered under AS 18.65, which she said would prevent conflicting information.

REPRESENTATIVE SPOHNHOLZ asked for clarification that the reasoning behind the decision is to ensure that the two sections of law would not be conflicting.

MS. MONFREDA replied that AS 47.10.141 requires that missing minors be reported to state and national databases within 24

hours of the missing person report being completed. She said that AS. 18.65 would now contain that information and cover the current reporting of missing persons, consolidating it into one statute, and change the time frame to two hours.

REPRESENTATIVE SPOHNHOLZ asked for clarification that AS.47.10.141 is being copied over to AS 18.65. She noted that AS 47.10.141 is several pages long. She said she wonders what else might be missing.

MS. MONFREDA responded that the only thing that is being removed is the reference to the 24-hour reporting period, but everything else would stay the same.

[4:12:10 PM](#)

The committee took an at-ease from 4:12 p.m. to 4:14 p.m.

[4:14:06 PM](#)

REPRESENTATIVE MCCARTY asked Ms. Monfreda about the reasoning behind the omission of AS 47.10.141, and whether that content is necessary.

MS. MONFREDA answered that the only thing that would be changed is [subsection] (a) [of AS 47.10.141]; the other paragraphs would remain the same. It would remove that reference to the 24-hour time frame for searching for a missing person, and the reporting to the Alaska Public Safety Information number. That information would simply be moved from AS 47.10 to AS 18.65.

REPRESENTATIVE MCCARTY asked for confirmation that the language in AS. 47.10 would not be removed. He shared his understanding that the time frame of reporting remains necessary but is not necessary in resolving the issue in HB 106.

MS. MONFREDA confirmed that that is correct.

REPRESENTATIVE MCCARTY asked, regarding the National Database, whether there would be a need for computer systems to allow law enforcement to access the database.

MS. MONFREDA responded that law enforcement agencies already have the capabilities to access the systems and make the necessary entries.

[4:17:29 PM](#)

REPRESENTATIVE KURKA asked whether there's an estimate for the percentage of cases in Alaska that already comply with the federal guideline.

MS. MONFREDA answered that she does not have that information because it is not tracked or audited by her department. She said that the agencies would need to develop tracking mechanisms to show that cases are being entered in a timely manner in compliance with the law.

[4:18:38 PM](#)

CO-CHAIR ZULKOSKY opened public testimony on HB 106. After ascertaining that there was no one who wished to testify, she closed public testimony.

CO-CHAIR ZULKOSKY announced that HB 106 was held over.

HB 184-REQUIRE TRIBAL CHILD WELFARE COMPACT

[4:19:01 PM](#)

CO-CHAIR ZULKOSKY announced that the final order of business would be HOUSE BILL NO. 184, "An Act requiring state participation in a tribal child welfare compact."

[4:19:22 PM](#)

The committee took an at-ease from 4:19 p.m. to 4:20 p.m.

[4:20:54 PM](#)

CO-CHAIR ZULKOSKY presented HB 184, as prime sponsor, via a PowerPoint presentation entitled, "HB184 - Tribal Child Welfare Compact," [hard copy included in the committee packet]. She explained that the bill seeks to protect implementation of the "historic and landmark" Tribal Child Welfare Compact (TCWC) by codifying it in Alaska statute. She said that the TCWC is an agreement between tribes and the state that seeks to help address deep, structural inequities in the way that Alaska children are cared for across the state. She began on slide 2, "Why the work began," which read as follows [original punctuation provided]:

Significant Disparities

- Alaska Native Children make up 15% of the state's general population but represent 60% of the children in state custody
- Disparities of this nature indicate a system failure in our child welfare system

OCS Retention Difficulties

- Office of Children's Services (OCS) typically operates at a 50% vacancy rate and require frontline workers to carry caseloads more than 3x the national average
- The goal of HB 151 (2018) was to lower turnover and vacancy rates, but despite increased funding, turnover rates have not decreased

CO-CHAIR ZULKOSKY continued on slide 3, "How the work began," which read as follows [original punctuation provided]:

Tribal State Collaboration Group

- A 25-year partnership between state, tribal representatives, and invited stakeholders
- Goals:
- Strengthen Alaska's compliance with the Indian Child Welfare Act (ICWA) of 1978.
- ICWA is a Federal law that established standards for the removal and placement of American Indian children and enabled Tribes and families to be involved in child welfare cases.
- Reduce the disproportionality of Alaska Native children in state custody
- Build & strengthen working relationships

Tribal Title IV-E Agreements

- Provides Federal funding to states and tribes for foster care, transitional independent living programs, guardianship assistance, and adoption assistance
- Tribes also receive a higher reimbursement rate than states for covered services, resulting in significant General Fund savings.

CO-CHAIR ZULKOSKY proceeded to slide 4, "What is Alaska's Child Welfare Compact?" The slide read as follows [original punctuation provided]:

- The Alaska Tribal Welfare Compact (Compact) is a government-to-government agreement to improve the life outcomes for Alaska's children and families by transferring specific, negotiated child welfare services and supports (including revenue streams) from the Office of Children's Services (OCS) to the Tribal Co-Signers
- The Compact was signed in 2017 by Governor Walker and 18 Tribal Co-Signers; representing 161 Federally-recognized Tribes and Tribal Organizations and continued under Governor Dunleavy in 2019

CO-CHAIR ZULKOSKY addressed slide 5, "Implementation Timeline," which read as follows [original punctuation provided]:

FY2018

- Tribal Co-Signers developed their programs, built capacity and infrastructure
- OCS began sharing Protective Services Reports (PSRs or 'screen ins' or 'screen outs'), and provided training and technical support

FY2019

- Tribal Co-Signers began performing Initial Diligent Relative Searches
- The Parties negotiated four new Scopes of Work for Ongoing Relatives Searches, Family Contact, Licensing Assists, and Safety Evaluations
- However, the State declined to sign due to a change in Administration

[4:24:19 PM](#)

CO-CHAIR ZULKOSKY spoke to slide 6, "Implementation Timeline," which read as follows [original punctuation provided]:

FY2020

- Parties worked out differences and signed all five previously-negotiated Scopes:
- Initial Diligent Relative Searches (IDRS)
- Ongoing Relative Searches (ORS)
- Family Contact
- Licensing Assists
- Safety Evaluations

FY2021

- Negotiations will take place in May 2021

CO-CHAIR ZULKOSKY advanced to slide 7, "Advantages," which read as follows [original punctuation provided]:

- Provides higher quality services, closer to home, at a lower cost through leveraging Tribal resources
- Strengthens state services by engaging Tribes, often the most local government, on an issue of shared interest
- Increased public trust through existing family relationships with Tribes

CO-CHAIR ZULKOSKY proceeded to slide 8, "Adverse Childhood Experiences (ACES)," which read as follows [original punctuation provided]:

Adverse Childhood Experiences (ACEs) have a tremendous impact on future violence victimization and perpetration, and lifelong health outcomes. ACEs are potentially traumatic events that occur in childhood (0-17 years):

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide
- Growing up in a household with substance abuse, mental health problems, instability due to parental separation or household members in prison

ACEs are linked to:

- Chronic health problems
 - Mental illness
 - Substance abuse problems in adulthood
- Increased incarceration rates ACEs can negatively effect:
- Education
 - Job opportunities
 - Earning potential

[4:26:08 PM](#)

CO-CHAIR ZULKOSKY discussed slide 9, "Adverse Childhood Experiences (ACES)," which read as follows [original punctuation provided]:

Adverse Childhood Experiences (ACEs) have a tremendous impact on future violence victimization and perpetration, and lifelong health outcomes. How big is the problem?

- ACEs are common. 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.
- Preventing ACEs could potentially reduce a large number of health conditions. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.
- Women and several racial/ethnic minority groups are at greater risk for having experienced 4 or more types of ACEs.
- ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.

CO-CHAIR ZULKOSKY continued on slide 10, "Sectional Analysis," which read as follows [original punctuation provided]:

Section 1: Amends AS 47.05 to add a new section to article 1 requiring the State to participate in a Tribal Child Welfare Compact.

[4:29:16 PM](#)

NICOLE BORROMEO, General Counsel and Executive Vice President, Alaska Federation of Natives, testified in support of HB 184. She stated that the bill is necessary to cement the compact in law and make it no longer at the will of the administration. She said the bill would allow for opportunity to improve the child welfare system.

[4:30:36 PM](#)

MELANIE BAHNKE, President, Kawerak Organization, testified in support of HB 184. She shared that Kawerak is a regional tribal consortium in the Bering Strait region of Alaska and has been providing services for over 40 years, including operating a child advocacy center. She expressed that more local control results in better outcomes, whether it's the health care system, the Bureau of Indian Affairs (BIA) programs, or child welfare programs. She echoed Ms. Borromeo's statement that it is important to codify the compact in statute to protect it from

being "wiped away" with an incoming administration. She said that significant resources are being invested as part of the negotiation process, and all participating Kawerak staff are being compensated through Kawerak funds. She added that Kawerak is willing and capable of taking on this work and would appreciate the assurance that the state will not write off the compacting process, but instead codify it into law.

4:33:29 PM

VIVIAN KORTHUIS, Chief Executive Officer, Association of Village Council Presidents (AVCP), testified in support of HB 184. She explained that the (AVPC) represents 66 federally recognized tribes on the Yukon-Kuskokwim Delta. She said that the top three priorities of AVCP are public safety, economic development, and community wellness. She stated that healthy children and families are paramount to achieve community wellness. She said that the TCWC presents an opportunity for tribes and the government to work together. She added that the experience and knowledge of the tribes make the tribes an excellent resource in delivering child welfare services, especially in rural Alaska. She noted that tribes have decades of experience in working with the federal government in avenues such as healthcare.

MS. KORTHUIS specified that there are approximately 500 tribal children from the AVCP region in OCS custody, and these children all rely on the tribes to make appropriate decisions that will impact the lives of the children. She said she has over 15 years of experience working in tribal compacting, and is aware that implementing a compact takes time, effort, funding, and commitment. She shared an example of a child being removed by OCS in November 2020 from the child's parents in Anchorage. She said that AVPC was contacted to help place the child with a relative and was able to successfully find an appropriate relative in the village, which was possible only because of the compact. She reiterated AVCP's support for codifying the compact in law through HB 184.

4:39:59 PM

REPRESENTATIVE FIELDS asked Co-Chair Zulkosky whether Alaska is the leading state in child welfare compacts.

CO-CHAIR ZULKOSKY responded yes and offered her understanding that the proposed compact is the first of its kind.

REPRESENTATIVE FIELDS shared his understanding that it would also be the first statutory requirement for a child welfare compact. Noting that it would be the first statute of its kind, he asked about the thought process behind the language of the bill, what "participate" means in a legal sense, and what the nature of a compact would be.

CO-CHAIR ZULKOSKY responded that the intention behind the construct of the legislation as it is written is to give the most latitude to the governor and the state in its negotiations, as well as the tribes. It intends to not be "too prescriptive" and ensure that there is flexibility.

[4:43:17 PM](#)

ELIZABETH HENSLEY, General Counsel, Maniilaq Association, in response to Representative Fields' question, stated that the term "participate" intends to indicate inclusion without being too prescriptive. She explained that it intends to avoid mandating the compact to look a particular way, and it intends to allow for a unique agreement that affirms that there are two governments, each with its own sovereign nature, coming together into the agreement. She said the risk is that the state could treat the tribes not as the unique entities that the tribes are, but as "any old third party."

REPRESENTATIVE FIELDS asked Ms. Hensley whether she thinks that the scope of a child welfare compact can change over time within the parameters of the language.

MS. HENSLEY answered that the type of compact at hand is a child welfare compact, and the Indian Child Welfare Act (ICWA), a federal law, speaks to that. She explained that ICWA authorizes states and tribes to enter into an agreement with respect to child welfare, which connects it to federal law. She stated it would be desirable for the compact to be able to evolve over time to be most tailored to the needs of Alaska's children. This is why there's an annual negotiation cycle in the compact, she said, and the next negotiation is set to happen in May 2021.

CO-CHAIR ZULKOSKY recalled Ms. Korthuis mentioning in her testimony that the tribal health compact has evolved over the past 25 years. She said the health care community has made great strides during those 25 years. She explained that the brevity of the language is to ensure that those types of strides and accomplishments can be achieved, while protecting the compact in statute.

4:48:22 PM

REPRESENTATIVE KURKA said the timing of the bill seems awkward. He opined that the agreement should be finalized before passing the law to require conformance with it. He noted that Co-Chair Zulkosky mentioned in her presentation that the negotiations would be taking place in May.

CO-CHAIR ZULKOSKY responded that the compact is already in place and ongoing; it was signed in 2017 and agreements have happened both on the state and tribal sides. Annual negotiations to update the agreements are in place to have any ongoing discussions.

REPRESENTATIVE KURKA asked whether this would mean requiring the state to comply with the parts of the compact that have been negotiated and agreed upon, and not the new parts.

CO-CHAIR ZULKOSKY answered that the intention of the broadness of the language is to protect the child welfare compact in statute. It would require that the state and the tribes participate in the compact, she said. The details related to the different scopes of work are not included, and the ongoing particulars about what has previously been negotiated is not included intentionally because, as was mentioned in testimony, those are updated from year to year. She explained that these items might be negotiated upon again and there may be tribes that opt to participate and others that may take on more scopes of work. The bill, she said, would require that the compact remain in place.

4:52:04 PM

REPRESENTATIVE SPOHNHOLZ offered her understanding that the compact has already been signed, and that it is a policy approach that has carried over from administration to administration. What is being proposed in the bill, she said, is to codify what it is that has already been happening without being too prescriptive, telling Governor Dunleavy what he must compact for, or telling tribes what they must compact for. It instead would simply mandate participation in the compact. She asked Co-Chair Zulkosky if she's correct in her understanding.

CO-CHAIR ZULKOSKY responded yes, and that it's not only to avoid being over prescription, but it has been a compact agreement and working relationship that has spanned multiple administrations.

She said that the intention of keeping it broad is to make sure there is latitude for incoming administrations while protecting the work that's been done to date.

REPRESENTATIVE SPOHNHOLZ stated that the language of the bill is elegant and would allow the compact to grow, particularly regarding health care compacting.

[4:54:09 PM](#)

REPRESENTATIVE MCCARTY requested a review of "the contract arrangements."

CO-CHAIR ZULKOSKY asked Ms. Hensley to review the difference between contracting and compacting, and what agreements are in place for compacting.

[4:55:14 PM](#)

MS. HENSLEY stated that the compact is available on the Department of Health and Social Services' website. She said it was a momentous occasion when the 18 cosigners and the state signed the compact. The compact is a government-to-government agreement and leaves it up to the discretion of the tribal organization to dictate the process that is most appropriate for that tribal organization. She stated that the compact ensures that services be provided in a culturally appropriate manner, and in a way that will help the child feel loved and rooted in who they are as an Alaska Native person, as well as help the child grow into a healthy adult and contributing member of society. She explained that a contract dictates the scope of work. Compacts allow for the tribes to draw on their 10,000 years of history and allow the tribes to use that expertise to provide the service to the kids. This is the reasoning behind choosing a compact over a contract, she added.

MS. BORRAMEO noted that the compact was jointly drafted in partnership with the Attorney General's office, not a draft agreement crafted exclusively by tribal attorneys and presented to the state. She added that the state will never have the access of the tribe and the tribes will never have the resources had by the state. She emphasized that to make the compact stronger it needs to be codified in statute.

[HB 184 was held over.]

[5:03:10 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:03 p.m.